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## BIB DATA SHEET

CONFIRMATION NO. 1550

<b>SERIAL NUMBER</b> 10/626,185	<b>FILING or 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2137	<b>ATTORNEY DOCKET NO.</b> S30.12-0006	
<b>APPLICANTS</b> Mira Kristina LaCous, Eagan, MN; <i>yes 17-c</i> <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/398,419 07/25/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>Ad 17-c</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/22/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /TECHANE GERGISO/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> WESTMAN CHAMPLIN & KELLY, P.A. SUITE 1400 900 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55402-3319 UNITED STATES					
<b>TITLE</b> Trusted biometric device					
<b>FILING FEE RECEIVED</b> 669	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		